

# PUBLIC HEALTH REPORT

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A NEW LABORATORY TEST being routinely provided in several areas of California portends great changes in the use of serologic procedures for the detection of syphilis.

This development is the Fluorescent treponemal antibody absorption (FTA-ABS) test. Technical success in developing a reliable absorbing agent by the department's Microbiology Laboratory has made it possible to utilize this test on a routine basis in many health department laboratories in California.

Although several FTA procedures have been publicized recently, little has appeared in the literature to help the physician understand their use as well as their limitations. The FTA-ABS is precise and reproducible and has the same significance as the TPI test. FTA-ABS has a particular advantage over the TPI test, as it becomes reactive earlier in the course of the disease.

In pregnancy, for example, determination of a new infection can be made much earlier by the FTA-ABS test than with TPI procedures. The FTA absorption test also remains reactive in late cases. Other advantages of the test are simplicity and ease of performance, reproducibility and lower cost.

Because of the relative ease of performance of the FTA-ABS test, it is not necessary to apply the restrictions for the submission of specimens which have been applied to the TPI test by the State Laboratory.

Use by local laboratories can be anticipated when commercially prepared reagents become available and when the test becomes popular enough to be utilized in quantity.

For one major reason there is little likelihood that the FTA-ABS test will replace the VDRL. Like the TPI test, the FTA absorption test cannot measure the efficacy of treatment. Titrated VDRL testing will remain the method of choice for follow-up of treated cases. A reactive FTA-ABS test indicates definite exposure to pathogenic treponemes

(syphilis, yaws, pinta, bejel) at some time in the patient's life and may persist even after adequate therapy.

Such persistence of antibody is not unique to the treponematoses. The tuberculin reaction is a similar example of an immunological test which may remain positive for a prolonged period, irrespective of therapy and with absence of active disease.

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In view of influenza's two to three-year periodicity, increased occurrence of the disease may be expected in the coming season. Although Type A viruses may predominate in 1965-66, the presence of Type B in this country and its prevalence in Europe last season increases the expectation of Type B outbreaks in the United States this year.

Annual immunization is generally recommended for persons of various categories in which the mortality from epidemic influenza is high. Such groups include: persons at all ages who have chronic debilitating disease; patients with rheumatic heart disease, especially those with mitral stenosis; patients with other cardiovascular disorders; patients with chronic bronchopulmonary diseases; patients with diabetes mellitus and Addison's disease. Persons in older age groups also should be included. During three successive recent epidemics a moderate increase in mortality has been demonstrated among persons over 45 years of age, and a decided increase among those over 65.

It is to be noted that some increased mortality was observed among pregnant women during the 1957-58 influenza A2 epidemic. It has not, however, been demonstrated in subsequent years.

Vaccination should begin as soon as practicable after September 1 and ideally should be completed by mid-December. It is important that immunization be carried out before influenza occurs in the immediate area since there is a two-week interval before the development of antibodies.